

Lowell Document Preparation & General Services

660 Middlesex Street, Lowell, Massachusetts 01851

Phone: (978) 459-4838 Voice: (978) 259-5050 Fax: (978) 299-0145

Email: lowelltemp@yahoo.com Web: www.lowelldocumentpreparation.com

EMPLOYMENT APPLICATION

EQUAL EMPLOYMENT

The Lowell Temp Service does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, pregnancy, age, ancestry, disability, marital status, sexual orientation, veteran status, or other status protected by applicable federal, state or local law.

**Please fax cover letter, resume, and this employment application
to: (978) 299-0145.**

EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY

Name (last) _____ (first) _____ (middle) _____			Social Security No. _____		
Home Address _____ city _____ state _____ zip code _____					
Home Telephone No. _____ <small>area code</small>		How long at present address?	Previous address (if less than one year) _____ city _____ state _____ zip code _____		
Driver's License Number: _____			Have you ever worked for or applied for a position with LDPGS? <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, give details on last page).		
Position applied for: _____					Date Available _____
Will you relocate?	Geographical preference of position _____			How did you come in contact with LDPGS?	
Have you ever been convicted of, or plead guilty or "no contest" to any crime (other than minor traffic offenses) that has not been expunged from your record? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, state nature of crime, when, where and disposition of offense.					
"A conviction record will not be a bar to employment. Factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be considered."					

EDUCATION		Dates of Enrollment		Major Field of Study	Graduation Information
INSTITUTION'S NAME AND ADDRESS		FROM	TO		
High School					Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when?
College or University					Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when?
Graduate Study					Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when?
Other					Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when?

To what professional and business organizations do you belong? (Exclude all information which relates to age, sex, race, religion, color, national origin, marital status, veteran status, sexual orientation, ancestry, and disability.)

Special skills, languages, hobbies, interests

U.S. MILITARY EXPERIENCE				
Service Branch	Dates of Active Duty	Final Rank	Duties Performed	Selective Service Classification

EMPLOYMENT RECORD – The Association may contact the employers listed on this application.

List your most recent position first:

Employer's name and complete address and	DATES EMPLOYED	Position title
--	----------------	----------------

telephone number	From	To	Name and title of supervisor
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		
	SALARY		
	Start	Final	Reason for leaving

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		
	SALARY		
	Start	Final	Reason for leaving

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		
	SALARY		
	Start	Final	Reason for leaving

Summarize your most important duties and responsibilities. Cite significant accomplishments.

Employer's name and complete address and telephone number	DATES EMPLOYED		Position title
	From	To	
	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		
	SALARY		
	Start	Final	Reason for leaving

Summarize your most important duties and responsibilities. Cite significant accomplishments.

PERSONAL REFERENCES: List persons familiar with your work. Do not state any reference that would indicate your religious preference.

Name	Address	Telephone Number	Occupation	Years Known

Voluntary Affirmative Action Information

It is the policy of Lowell Temp Employment Agency to provide equal employment to all qualified applicants and employees regardless of race, religion, color, sex, age, national origin, marital status, disability, special disabled veteran, Vietnam era veteran, or other eligible veteran status.

Your completion of the information below is entirely voluntary. This information is requested solely to enable Lowell Temp Employment Agency to meet record keeping and affirmative action requirements under Executive Order 11246, as amended, Section 402 of Vietnam Era Veterans' Readjustment Assistance Act of 1974, Section 503 of the Rehabilitation Act of 1973, as

